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ABSTRACT

A staffing model for client assignment to graduate-level counselor trainees in the Counseling Practicum Clinic of the Department of Counseling Psychology at Ball State University is presented. Staffing and assignment procedures for this clinic which serves approximately 300 non-student clients and 50-60 counselor trainees each quarter, are described, and related forms (Intake Form, Affirmation Form, Counselor Request for Clients Form) are identified and explained. Criteria for client assignment are delineated along with components of the model, including the end-of-quarter transition procedures designed to assure continuity of care for clients and opportunity for counselor trainee consultation. The staffing model evaluation by the Association for Counselor Education and Supervision accreditation team is reviewed, and client satisfaction reports and student practicum evaluations are described as most positive. (Author/NRB)

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STAFFING CLIENTS FOR COUNSELOR TRAINEE ASSIGNMENT IN A COUNSELING PRACTICUM CLINIC

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Staffing Clients for Counselor Trainee Assignment
in a Counseling Practicum Clinic

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The Counseling Practicum Clinic of the Department of Counseling Psychology at Ball State University serves the dual purpose of (1) providing a variety of real-life counseling experiences for practicum students, pre-doctoral interns, doctoral students, doctoral interns, and (2) providing counseling services (individual, couple, family, and group) to non-students in the community at no cost. Approximately 300 clients and 50-60 student counselor trainees are served by the Counseling Practicum Clinic each quarter.

The clinic is administered by the Clinic Director, a faculty member with two-thirds' release time for this responsibility; other clinic staff include faculty assigned to practica, doctoral interns, doctoral fellows assigned to supervision, and pre-doctoral interns. All client intake assessments are done by the aforementioned staff. Doctoral and pre-doctoral interns, other doctoral students, and practicum students provide direct services to clients.

In order to facilitate the maximum fit between client service needs and counselor trainee learning needs and abilities, a weekly staffing is held for case review and assignment. The staffing is conducted by the clinic staff under the direction of the Clinic Director.

The completed intake report serves as the basis for client information; the written intake report includes summaries of the client's

presenting problem, counselor's perception of the client's problems, and the counselor's recommendation for treatment including specific recommendations for the type of treatment (individual, couple, family or group), level of experience (beginning counselor, experienced beginning counselor, advanced counselor, experienced advanced counselor), and gender of counselor (male or female); day and time availability of the client for counseling; and any client preferences regarding their prospective counselor. Specific requests of counselor trainees, as well as their supervisors' and faculty instructors' perceptions of their students' training needs, are the bases for student counselor information. Counselor trainee needs are represented at staffing by their individual doctoral supervisors.

Client cases are staffed and assigned to counselors once a week, on Mondays, if staff schedules for the quarter permit. At the beginning of each staffing, counselor trainee needs are surveyed (i.e., what numbers and what problem types of clients are needed). The cases are then presented, one at a time, by the staff person who conducted the intake. Cases are screened for suicidal, homocidal, and medical risk; since there is neither 24-hour crisis intervention capabilities nor medical backup in the practicum clinic, clients who are considered to be serious and imminent suicidal, homocidal, or medical risks are referred to the local comprehensive mental health center or private mental health professionals as appropriate. Low difficulty cases are staffed first; moderate difficulty, next; and finally, high difficulty cases. Doctoral supervisors are responsible for selecting appropriate cases for their supervisees and for informing their supervisees that a particular case is "on hold" for them in the clinic office (Case records may <u>not</u> be removed from the clinic office). A case is considered

to be appropriate for a student counselor if it meets the following criteria: (1) The training needs of the counselor will be met; (2) The counselor has the needed abilities (or is capable of acquiring these abilities with supervision) to serve the client's needs; (3) The counselor trainee and client's time availability for counseling are compatible; and (4) Client preference regarding counselor sex, age, etc., are respected whenever possible.

The student counselor may accept a case being held for him/her by completing a Client Affirmation Form in the clinic office. The student is then expected to contact the client by phone within three days to set up an initial appointment and record the date and time of this appointment on the Client Affirmation Form. If unable to contact the client by phone, the counselor will request a letter be written by the clinic secretary. At that time, the case will be activated in the student's name, thus completing the staffing and assignment process. If the counselor trainee - client match is not possible for any reason (most common reason being time conflicts between trainee and client), the client is restaffed at the next week's staff meeting. Also all cases still on hold are reviewed at each subsequent staffing for supervisor follow-up.

At the end of the quarter, all cases are reviewed in staffing. In the eighth week of an eleven-week quarter, each student is required to complete a Client Transition Form on each case she/he is carrying. The one-page Client Transition Form briefly summarizes client's problems, treatment interventions, and future treatment recommendations; and indicates the disposition of the case (termination, continuation with same counselor, referral within the practicum clinic). The counselor trainee also completes the Counselor Request for Clients Form to indicate his/her training needs for the next quarter; students who are in Techniques of Counseling and will be entering Beginning Counseling Practicum in the next quarter also complete the Counselor Request for Client Form. At

staffing in the ninth week of the quarter, current clients who will be continuing in the next quarter are assigned to a counselor for the subsequent quarter in efforts to assure continuity of care for clients and to provide an opportunity for counselors to consult with each other on these cases. In the tenth week of the quarter, each counselor must complete a Termination/Referral/Progress Report on each client; this report details the client's presenting problem, course of treatment, process difficulties, number and dates of sessions, evaluation of outcome of treatment, and future treatment recommendations.

Although there is to date no research data on the effectiveness of the staffing model, client satisfaction reports and student practicum evaluations are most positive and according to the Association for Counselor Education and Supervision Accreditation Team, "Hands-on experiences in case study staffings and analysis, consultation, and referral are evident and strong." (Excerpted from the Report of the ACES Accreditation Team, November 20, 1979, p. 17)

This staff model was presented with Drs. Robert Hayes and Roger Hutchinson at the North Central Association for Counselor Education and Supervision; Milwaukee, WI; October 16-18, 1981.